



Vanderbilt University Medical Center

AFFIDAVIT OF MEDICAL RECORDS CUSTODIAN

I, the undersigned, declare as follows:

1. I am the duly authorized custodian of the records in the Medical Information Services Department at Vanderbilt University Medical center ("VUMC") and I have the authority to certify the authenticity of records prepared by VUMC personnel.
2. Based upon a diligent search of the records currently maintained or provided to the VUMC Medical Information Services department, I am producing herewith in a sealed envelope authentic copies of the records that have been requested, which have been located in this department regarding the referenced patient as of the date this affidavit is executed. These records may not include the following:
 - a) Any records that may be subject to the specific disclosure requirements pursuant to 42 U.S.C. §290dd-2 et seq., and/or Tennessee Code Annotated §33-3-104(10),
 - b) Any records that may be maintained by individual clinics (including off-site clinics) and which are not maintained in the central hospital record, unless otherwise specified herein,
 - c) Non-clinical correspondence from outside parties,
 - d) Any records originating from other outside facilities,
 - e) Any records that have not yet been transmitted to this office for filing in the patient's chart, or records that have not yet been scanned into the electronic medical record.
3. These records and related records from other departments, such as billing and radiology records (other than records from outside facilities) have been prepared by VUMC personnel pursuant to Tennessee Code Annotated § 68-11-301 and have been maintained in or provided to the Medical Information Services department in the ordinary course of business and:
 - a) They were made at or near the time of the occurrence of the matters set forth by, or from information transmitted by, a person with the knowledge of these matters;
 - b) They were kept in the course of the regularly conducted activity; and
 - c) They were made by the regularly conducted activity as a regular practice.
4. I declare that the above statements are true and correct to the best of my knowledge, information, and belief based upon diligent inquiry.

Executed on this 12th day of Oct., 2011.

Pamela G. Cherry

6/14/1952

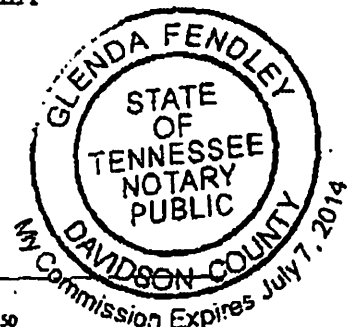
Freda Scott

Freda Scott, RHIA

STATE OF TENNESSEE
COUNTY OF DAVIDSON

Sworn to before me this 12th day of Oct., 2011.

Glenda Fendley
NOTARY PUBLIC



032947889 CHERRY, PAMELA J (06/14/1952 - then 58YO F)

RAD Cardiac Catheterization And Intervention Report Electronically signed in the HeartLab system by: **McPherson, John A.** (Last modified by Adler, David Henry) Electronically signed by: **Adler, David Henry** (physician) (adlej5v) on 2011/06/06 17:41

Amended by adlej5v (Adler, David Henry) on 2011/06/06 17:41:09 as follows:

An intraaortic balloon pump was advanced from the femoral artery over a 0.025inch guidewire. Placement and inflation of the balloon were confirmed fluoroscopically and the balloon pump was initiated at 1:1 5KG triggered inflation.

Exam performed on 2011/05/31 (Report received on 2011/06/01 00:08)



Vanderbilt Heart

Cardiac Catheterization and Intervention Report

Patient: **CHERRY, PAMELA**

Med Rec#: **32947889**

Study Date: **05/31/2011**

DOB: **06/14/1952**

Age: **58**

Height: **cm / NaN in**

Weight: **59.1 kg / 130 lbs**

Attending Diagnostic: **John A McPherson, M.D.**

Attending Interventional: **John A McPherson, M.D.**

Fellow Diagnostic: **David Adler MD**

Fellow Interventional: **David Adler MD**

Procedures Performed:

- Right Heart Catheterization
- Selective Coronary Angiography
- Aspiration thrombectomy
- Transcatheter placement of an intracoronary stent
- Temporary pacing wire
- Insertion of Intraaortic Balloon Pump

Indications for Procedure:

- Ventricular Fibrillation
- 58 year old woman with witnessed out of hospital arrest transferred from outlying ED after resuscitation there. Referred for emergency coronary angiography. On arrival intubated and non-responsive; developed ventricular fibrillation in cath lab prior to procedure. Defibrillated and treated with IV amiodarone; in cardiogenic shock at start of procedure.

PCI Indications :

PCI Status

Emergency

Coronary Lesion >=50% in a Major Artery

De Novo

Access/Cath Placement

The area was prepped and draped in the usual fashion and anesthetized with 1% Lidocaine. A 6Fr 11cm sheath was placed in the right femoral artery. The arterial sheath was sized up to 7 Fr. A 5 Fr sheath was placed in the right femoral vein. A catheter was positioned in the right heart system to record pressures and cardiac outputs. A Temporary pacemaker was inserted during the procedure. Thresholds were established and was then turned down below the baseline heart rate. 6 Fr. JL4 and JR4 catheters were exchanged over a guide wire to cannulate the coronary arteries. Multiple injections of contrast were made into the left and right

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coronary arteries with angiograms recorded in multiple projections.

Additional Access :

Lidocaine 1% was injected at the second access site. Access Site 2 Arterial Location: Left Femoral Artery The site 2 arterial sheath is 6 Fr. Access Site 2 Venous Location: Left Femoral Vein The site 2 venous sheath is 5 Fr.

Diagnostic Coronary Information :

The coronary anatomy is right-dominant.

Left Main Coronary Artery

This coronary vessel is normal.

Left Anterior Descending Coronary Artery

This coronary vessel has mild diffuse disease. The overall caliber of this vessel is medium.

1st Diagonal

The overall caliber of this branch is small.

2nd Diagonal

The overall caliber of this branch is small.

Circumflex Coronary Artery

This coronary vessel has mild diffuse disease. The overall caliber of this vessel is medium.

1st Marginal

The overall caliber of this branch is medium.

2nd Marginal

The overall caliber of this branch is medium.

3rd Marginal

The overall caliber of this branch is small.

Right Coronary Artery

This coronary vessel has a thrombus. The overall caliber of this vessel is small.

Proximal RCA

- 100 % stenosis
- This lesion is the culprit lesion.

Right Posterior Descending

The overall caliber of this branch is small.

1st Right Posterolateral

The overall caliber of this branch is small.

Coronary Intervention :**Proximal RCA****Drug Eluting Stent**

- Drug-eluting stent.
- The RCA was engaged with a 6F JR4 guide catheter. A Cougar XT guidewire advanced easily beyond the occlusion and was advanced into the distal RCA. Aspiration thrombectomy was performed with a 6F Export catheter. The proximal RCA was dilated with a 2 x 15mm Apex balloon inflated to 12 atms. A 2.5 x 28mm Promus DES was deployed at 14 atms. A 2.5 x 18mm Promus DES was deployed at 14 atms proximal to and overlapping the first stent. Post-intervention there is no residual stenosis and TIMI 3 flow.

Baseline**Right Heart Pressures**

RA = a wave = 17 v wave = 17 mean = 14

RV = 39/16

PA = 28/19

mean = 24

Arterial Pressures

AO = 137/57 mean = 84

Medications :

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(09:23) Amiodarone 150MG IV {by Ruzic, Danielle RN}

(09:32) Sodium Bicarbonate 2 mEq IV

(09:36) Calcium Chloride 1amp IV

(09:37) Vasopressen 40 mg IV

(09:40) Insulin 10

(09:40) Sodium Bicarbonate 2 mEq IA

(09:50) Insulin 10

(10:02) Heparin 7,000 units

(10:04) Nitro 200 mcg IC

(10:26) Heparin 3,000 units IV

Procedure Logistics :

- Fluoro time total = 7.8 minutes.
- Contrast brand II is Visipaque 320.
- Contrast volume II = 125 ml.

Conclusions

Coronary Arteriography :

- LM: normal.
- LAD: mild luminal irregularities.
- LCX: mild luminal irregularities.
- RCA: dominant vessel; acute proximal occlusion with thrombus.

Intervention :

- Aspiration thrombectomy and intervention to RCA with overlapping 2.5 x 28mm and 2.5 x 18mm Promus drug-eluting stents.
- Placement of intra-aortic balloon pump.

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Attestations :

I was present for the entire diagnostic and interventional study and performed all of the above procedures. I prescribed and was present for conscious sedation. McPherson, John A. MD

Electronically signed by John A McPherson, M.D. on 05/31/2011 23:56:51

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